



Centers for Medicare & Medicaid Services  
Federally Facilitated Marketplace  
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# FFM Plan Management Plan Preview User Guide

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consulting | technology | outsourcing

# Approvals

**Submitting Organization’s Approving Authority:**

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|           |              |      |              |
|-----------|--------------|------|--------------|
| Signature | Printed Name | Date | Phone Number |
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**CMS’s Approving Authority:**

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# 1 Introduction

This user guide provides instructions for Centers for Medicare and Medicaid Services (CMS) users and issuers to use the Plan Preview module in HIOS. Only users with appropriate permissions may access the Plan Preview module.

The Plan Management Plan Preview module allows issuers, states, and the Department of Health and Human Services (HHS) to view issuer and plan data that were submitted to the Centers for Medicare & Medicaid Services (CMS) and validate that this information is accurate.

This User Guide applies to the 2016 Plan Preview module. The 2016 Plan Preview system can be used to view only Plan Year 2016 plans and cannot be used to view Plan Year 2015 plans. To view Plan Year 2015 plans, please use the 2015 version of Plan Preview.

## 2 Referenced Documents

The Center for Consumer Information and Insurance Oversight (CCIIO) provides additional information detailing policies for submitting and reviewing Qualified Health Plans (QHPs) on the CCIIO webpage. Further instructions and guidance are posted on the CMS zONE portal and CCIIO webpage.

## 3 Overview

The Plan Management business area consists of processes for collecting Rates, Benefits, Service Areas, Provider Networks, and Prescription Drugs data from issuers planning to offer plans on the Marketplace. The data is collected via:

- User interfaces for issuers to submit, review, and modify information.
- Data submission templates (MS Excel-based) that allow issuers to download, populate, validate, and upload data into the Plan Management system.

The Plan Management application design is built on a scalable, n-Tiered environment running on the CMS cloud environment and uses a MarkLogic (XML) database. The user interface design is based on the CMS.gov web brand. It is Section 508 compliant.

### 3.1 Conventions

This document provides screenshots and corresponding narrative to describe how to use the Plan Preview module.

Fields or buttons to be acted upon are indicated in ***bold italics*** in the Action statement; links to be acted upon are indicated as links in [underlined blue text](#) in the Action statement.

**NOTE:** The term “user” is used throughout this document to refer to a person who requires or has acquired access to the Plan Preview module.

## 4 Getting Started

This section provides information about set-up and system access.

### 4.1 Set-Up Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 1024 x 768 based on Health and Human Services (HHS) standards. To optimize your access to the Plan Management (PM) system:

1. Please *disable pop-up blockers* prior to attempting access to the Plan Management system.
2. Use the following browser for optimum usability:
  - Internet Explorer, Versions 9 and 10
  - Firefox, Version 28
  - Chrome, Version 33
3. Recommended Excel Versions include 2007 and 2010.

### 4.2 User Access Considerations

Users of the Plan Preview module are assigned one of the following user roles:

- **Issuer Submitter and Issuer Validator**

You may use the Plan Preview module if you were assigned the role of **Issuer Submitter** or **Issuer Validator** in one of the three HIOS QHP modules (Issuer, Rating and Benefits and Service Area Modules). You can use the module to view your associated issuers' QHP applications and review plans as they would appear to sample enrollment groups.

- **State Reviewer**

You may use the Plan Preview module if you were assigned the role of **State Reviewer** in the FFM State Evaluation Module. You can use the module to view issuers' QHP applications and review plans as they would appear to sample enrollment groups.

### 4.3 Accessing the System

All Federally-Facilitated Marketplace (FFM) users require a CMS Enterprise Portal ID and Health Insurance Oversight System (HIOS) user role to access the system.

### 4.4 System Organization and Navigation

The Plan Preview Module allows issuers and state reviewers to enter sample rating scenarios and view details and rates for associated Individual Market and Small Group (SHOP) plans.

The web-based application displays all unsuppressed plans that were cross-validated in the QHP Application modules or submitted via the System for Electronic Rate and Form Filing (SERFF). You can select the Market Type radio button to either view *Individual Market* or *Small Group (SHOP)* plans.

If you select the *Individual* radio button, you must enter the following demographic information:

- Effective date of coverage
- Cost-sharing reduction (CSR) variant
- Primary subscriber birthdate, gender, and tobacco use
- Primary subscriber Zip Code and county combination
- If applicable: Spouse/Life Partner birthdate, gender, tobacco use and residence
- If applicable: Child dependent birthdate, tobacco use and residence

If you select the *Small Group (SHOP)* radio button, you must enter the following demographic information:

- Effective date of coverage
- Primary subscriber birthdate, gender, and tobacco use
- Employer Zip Code and county combination
- If applicable: Spouse/Life Partner birthdate, gender, tobacco use and residence
- If applicable: Child dependent birthdate, tobacco use and residence

After you create a rating scenario, the system will display all available and some unavailable plans for your enrollment group. You can preview a list of available and unavailable plans or click to select a specific plan and view its specific rates and benefits.

## 4.5 Exiting the System

To exit the system, click the *Logout* link located at the bottom right corner of the page header.

## 5 Using the System

### 5.1 Plan Preview Module

The Plan Preview module is divided into three main pages: the Summary Page, The Rating Scenario Page and the Plan Details Page for both Individual and Small Group (SHOP) users.

- **Summary Page:** This is the first page of the Plan Preview module, where you select the issuer whose plans you will view. If you have access to issuers in multiple states, you will first select the state, and then the issuer whose plans you will view.
- **Rating Scenario Page:** On this page, you create a sample enrollment group and view available and certain unavailable plans based on the consumer rating scenario you entered. You can create a scenario for either Individual Market plans or Small Group (SHOP) plans.
- **Plan Details Page:** You can reach the Plan Details page by clicking on a plan and then clicking **View Plan**. The Plan Details Page shows further details about each of the plans, including deductibles, out-of-pocket maximums, policies for specific benefits, limits and exclusions, and so on.

### 5.2 Issuer Summary Page

The Issuer Summary Page is where you can select an issuer ID to review. You will have access to all issuers associated with your user role.

You must be assigned a role of **Submitter** or **Validator** for at least one of the three QHP Application modules (Issuer Module, Benefits and Service Area Module, or Rating Module) or a role of **State Reviewer** in the FFM State Evaluation Module to access this page.

You can download the Plan Preview User Guide by clicking the ***Instructions and Reference Materials (PDF)*** link.

Figure 1 shows the Issuer Summary Page.

**PLAN MANAGEMENT** Text Size: A A A

Welcome, qhpval1 | Logout

## Plan Preview

[Instructions and Reference Material \(PDF\)](#)

This Plan Preview page provides information related to the plans that Issuers submitted in their QHP Application and allows issuers to preview the information from this QHP Application that will be viewable on the Marketplace portal. Utilize the following screens to review plan information and confirm that the display is correct.

### Issuer Summary

Select the Issuer for each of your submitted QHP Application(s) below to preview its plans.

Show Entries: 10 Search:

| Issuer ID | Issuer                 | Issuer State | Plan Preview           |
|-----------|------------------------|--------------|------------------------|
| 78159     | FFE RR Test Issuer 701 | AK           | <a href="#">Select</a> |

Showing 1 to 1 of 1 entries

« First « Prev 1 Next » Last »

**PLAN MANAGEMENT** A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

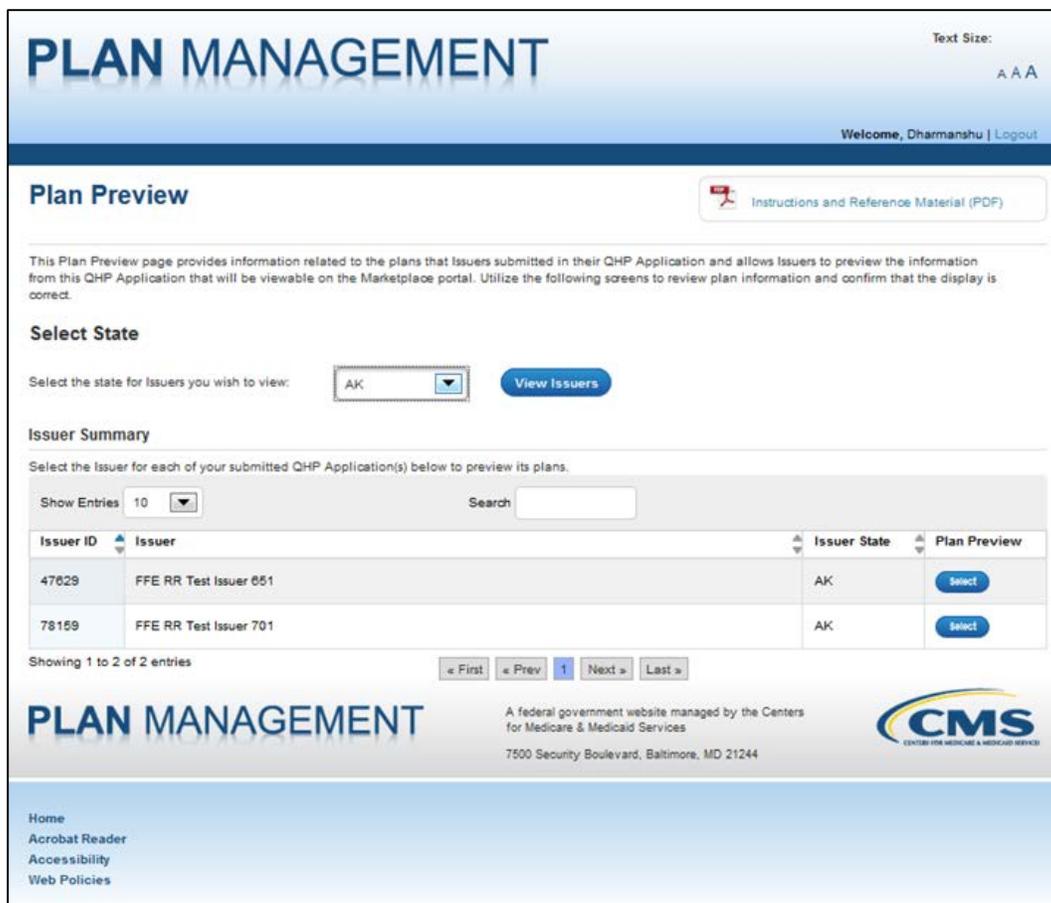
**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Home  
Acrobat Reader  
Accessibility  
Web Policies

**Figure 1: Issuer Summary Page**

If you have access to issuers from multiple states, you will see a drop-down menu in the “Select-State” section of the Issuer Summary Page. To select a state, click on the drop-down list and select a state, and then click the *View Issuers* button.

Figure 2 shows the Issuer Summary Page with the Select State drop-down list.



**Figure 2: Issuer Summary Page – Select-State Drop-Down**

Use the buttons in the Issuer Summary Table to change the order or search the list of issuer IDs. Click the *Show Entries* dropdown list to select the number of entries you would like to view per page, and navigate through the table of issuers available using the *First*, *Previous*, *Next* and *Last* toggles. Use the *Search* bar to search for specific issuer IDs or names. Click the *Select* button in the Plan Preview column to view an issuer.

Table 1 describes the fields on the Issuer Summary Page.

**Table 1: Issuer Summary Page Fields**

| Field Name                   | Description   | Value         |
|------------------------------|---|---------------|
| Issuer ID (pre-populated)    | The 5-digit HIOS issuer ID.                         | Numeric       |
| Issuer (pre-populated)       | The HIOS Legal Name for this issuer.                | Text          |
| State (pre-populated)        | The 2-letter abbreviation of the issuer’s state.    | Text          |
| Plan Preview (pre-populated) | The actions available for the user for this issuer. | Select Button |

### 5.3 Rating Scenario Page

The Rating Scenario page is where you enter an enrollment scenario and generate a list of plans that are available and unavailable to your enrollment group. You can also select any of those

plans to preview on the Plan Details Page. Use the Market Type radio buttons (shown in Figure 3) to choose to view *Individual* or *Small Group (SHOP)* plans for your enrollment groups.

### 5.3.1 Rating Scenario – Individual Market

Select the *Individual* Market Type radio button at the top of the Rating Scenario page (see Figure 3) to view available and unavailable Individual Market plans. Then enter your enrollment group information and click the *Update Plan Results* button. The system generates a list of all available and some unavailable Individual Market plans, applying the same logic that Individual Market Plan Compare uses to return a list of plans available to an enrollment group. (For information on which unavailable plans will appear on the Rating Scenario page, see Section 5.3.4.)

**Figure 3: Rating Scenario – Apply Rating Scenario (Individual)**

Enter your general plan criteria in the “Apply Rating Scenario” box and information about the primary subscriber in the “Primary Subscriber” box. Table 2 describes the fields in the Apply Rating Scenario box on the Rating Scenario page for Individual Market scenarios and provides instructions about how to enter data in these fields. (Note: The “Effective Date” field determines plan eligibility based on the Rate Effective Date from the Rates template.)

**Table 2: Rating Scenario – Apply Rating Scenario Fields (Individual)**

| Field Name                           | Description   | Value   |
|--------------------------------------|---|---|
| Market Type                          | Allows the user to select the Market Type to view.  | Radio buttons <ul style="list-style-type: none"> <li>• Individual</li> <li>• Small Group (SHOP)</li> </ul>  |
| Effective Date                       | Allows the user to select an effective date of coverage for the rating scenario. Only PY 2016 plans can be viewed in 2016 Plan Preview. | Date (MM/DD/YYYY)   |
| Cost Sharing Reduction (CSR) Variant | Allows the user to select a CSR variation type to view.   | Dropdown <ul style="list-style-type: none"> <li>• Exchange variant (no CSR)</li> <li>• Zero Cost Sharing Plan Variation</li> <li>• Limited Cost Sharing Plan Variation</li> <li>• 73% AV Level Silver Plan CSR</li> <li>• 87% AV Level Silver Plan CSR</li> <li>• 94% AV Level Silver Plan CSR</li> </ul> |

Table 3 describes the fields in the primary subscriber section of the Apply Rating Scenario box for Individual Market scenarios and provides instructions about how to enter data in these fields.

**Table 3: Rating Scenario – Primary Subscriber Fields (Individual)**

| Field Name                              | Description   | Value  |
|---|---|--|
| Date of Birth                           | Allows the user to select a Date of Birth for the primary subscriber.   | Date (MM/DD/YYYY)  |
| Gender                                  | Allows the user to select the gender of the primary subscriber.   | Dropdown <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>  |
| Number of Months since Last Tobacco Use | Allows the user to enter a 3 digit number of months since last tobacco use or leave blank for no tobacco use. | Numeric <ul style="list-style-type: none"> <li>• 0 = current tobacco user</li> <li>• &gt; 0 = previous tobacco user</li> <li>• Blank = no tobacco use</li> </ul> |
| Zip Code                                | Allows the user to enter a 5 digit zip code.  | Numeric  |
| County                                  | Allows the user to enter a county associated with the provided zip code.                                      | Populated by system<br>(Based on zip code entry)   |

### 5.3.2 Rating Scenario – Small Group (SHOP)

Select the *Small Group (SHOP)* Market Type radio button at the top of the Rating Scenario page (see Figure 4) to view available and unavailable SHOP plans. Then enter your rating scenario and click the *Update Plan Results* button. The system generates a list of all available and some unavailable SHOP plans.

**Figure 4: Rating Scenario – Apply Rating Scenario (SHOP)**

When you enter a Small Group (SHOP) rating scenario, you will not see a place to input CSR information or subscriber residence information; they are not relevant to SHOP plans, so the system will hide these fields. Fields for “Employer Zip Code” and “Employer County” will appear as SHOP rating scenario fields.

Enter your general plan criteria in the Apply Rating Scenario box and information about the primary subscriber in the Primary Subscriber box. Table 4 describes the fields in the Apply Rating Scenario box on the Rating Scenario page for SHOP scenarios and provides instructions about how to enter data in these fields.

**Table 4: Rating Scenario – Apply Rating Scenario Fields (SHOP)**

| Field Name        | Description   | Value   |
|-------------------|---|---|
| Market Type       | Allows the user to select the Market Type to view.  | Radio button <ul style="list-style-type: none"> <li>Individual</li> <li>Small Group (SHOP)</li> </ul> |
| Effective Date    | Allows the user to select an effective date of coverage for the rating scenario. Only PY 2016 plans can be viewed in 2016 Plan Preview. | Date (MM/DD/YYYY)   |
| Employer Zip Code | Allows the user to enter a 5 digit zip code.  | Numeric   |
| Employer County   | Allows the user to enter the county associated with the provided zip code.  | Populated by system (Based on zip code entry)   |

Table 5 describes the fields in the primary subscriber section of the Apply Rating Scenario box for SHOP scenarios and provides instructions about how to enter data in these fields.

**Table 5: Rating Scenario – Primary Subscriber Fields (SHOP)**

| Field Name                              | Description   | Value  |
|---|---|--|
| Date of Birth                           | Allows the user to select a Date of Birth for the primary subscriber.   | Date (MM/DD/YYYY)  |
| Number of Months since Last Tobacco Use | Allows the user to enter a 3 digit number of months since last tobacco use or leave blank for no tobacco use. | Numeric <ul style="list-style-type: none"> <li>• 0 = current tobacco user</li> <li>• &gt; 0 = previous tobacco user</li> <li>• Blank = no tobacco use</li> </ul> |
| Gender                                  | Allows the user to select the gender of the primary subscriber.   | Dropdown <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>  |

### 5.3.3 Rating Scenario – Add Dependents

Along with your primary subscriber, you may add up to five dependents to your sample enrollment group. Your dependents may be identified as either a Spouse, Life Partner or Child. Your enrollment group may contain at most one spouse or one life partner. If you add a spouse or life partner to your enrollment group, you may add up to four children, for a total of five dependents; if you do not add a spouse or life partner, you may add up to five children. (**NOTE:** The restriction on dependents only exists within Plan Preview and does not exist within Individual Market or FF-SHOP Plan Compare.)

To add a spouse or life partner to your enrollment group, click the **Add Spouse / Life Partner** button beneath the Primary Subscriber box (see Figure 3 above), and you will see a new section for the Spouse/Life Partner. You must enter a gender for the scenario's spouse/life partner but do not need to enter a gender for any Child dependents, as a child's gender does not impact eligibility or rate calculations. You can remove any dependent by clicking the **Remove Spouse / Life Partner** or **Remove Dependent** button.

Figure 5 shows the Spouse/Life Partner box on the Rating Scenario page.

**Primary Subscriber**

**\*Date of Birth:**  MM/DD/YYYY  Number of Months Since Last Tobacco Use:  Leave Blank For No Tobacco Use **\*Gender:**

**\*Zip Code:**  XXXXX **\*County:**

---

**Spouse/Life Partner**

**\*Date of Birth:**  MM/DD/YYYY  Number of Months Since Last Tobacco Use:  Leave Blank For No Tobacco Use **\*Gender:**

**\*Relationship:**  **\*Same Address as Primary Subscriber:**  Yes  No

[Remove Spouse/Life Partner](#)

**Figure 5: Rating Scenario – Add Spouse / Life Partner**

Table 6 describes the fields in the Spouse/Life Partner box on the Rating Scenario Page and provides instructions about how to enter data in these fields.

**Table 6: Rating Scenario – Spouse / Life Partner Fields**

| Field Name                              | Description   | Value  |
|---|---|--|
| Date of Birth                           | Allows the user to select a Date of Birth for the spouse/life partner.  | Date (MM/DD/YYYY)  |
| Number of Months since Last Tobacco Use | Allows the user to enter a 3 digit number of months since last tobacco use or leave blank for no tobacco use.   | Numeric <ul style="list-style-type: none"> <li>• 0 = current tobacco user</li> <li>• &gt; 0 = previous tobacco user</li> <li>• Blank = no tobacco use</li> </ul> |
| Gender                                  | Allows the user to select the gender of the spouse/life partner.  | Dropdown <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>  |
| Relationship                            | Allows the user to identify the relationship type.  | Dropdown <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Life Partner</li> </ul>  |
| Same address as Primary Subscriber      | Allows the user to indicate that the spouse/life partner’s address is the same as the primary subscriber’s address. (Note: Does not appear for SHOP.) | Radio button <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |

To add a child dependent to your enrollment group, click the **Add Dependent** button beneath the Primary Subscriber box (see Figure 3 above). Because the only other dependent relationship type allowed is a child dependent, the “Relationship” dropdown will default to **Child**.

A section will expand for you to input scenario information for child dependents. The first child dependent in the list will be called “Dependent 1,” and additional children will be numbered in order from “Dependent 2” through “Dependent 5.” The **Add Dependent** button will remain active until you reach the maximum of five dependents. You can remove any dependent by clicking the **Remove Dependent** button.

Figure 6 shows an enrollment group with a primary subscriber, a spouse/life partner and a child dependent on the Rating Scenario page.

### Apply Rating Scenario

**\*Market Type**

Individual  
 Small Group (SHOP)

**\*Effective Date:**  MM/DD/YYYY

**\*Cost Sharing Reduction (CSR) Variant:**

---

#### Primary Subscriber

**\*Date of Birth:**  MM/DD/YYYY

**Number of Months Since Last Tobacco Use:**  Leave Blank For No Tobacco Use

**\*Gender:**

**\*Zip Code:**  XXXXX

**\*County:**

---

#### Spouse/Life Partner

**\*Date of Birth:**  MM/DD/YYYY

**Number of Months Since Last Tobacco Use:**  Leave Blank For No Tobacco Use

**\*Gender:**

**\*Relationship:**

**\*Same Address as Primary Subscriber:**

Yes  
 No

[Remove Spouse/Life Partner](#)

---

#### Dependent 1

**\*Date of Birth:**  MM/DD/YYYY

**Number of Months Since Last Tobacco Use:**  Leave Blank For No Tobacco Use

**\*Relationship:**

**\*Same Address as Primary Subscriber:**

Yes  
 No

[Remove Dependent](#)

[Add Spouse/Life Partner](#)
[Add Dependent](#)
[Update Plan Results](#)

**Figure 6: Rating Scenario – Add Dependent**

Table 7 describes the fields in the child dependent box on the Rating Scenario page and provides instructions about how to enter data in these fields.

**Table 7: Rating Scenario – Child Dependent Fields**

| Field Name                              | Description   | Value  |
|---|---|--|
| Date of Birth                           | Allows the user to select a Date of Birth for the spouse/life partner.  | Date (MM/DD/YYYY)  |
| Number of Months since Last Tobacco Use | Allows the user to enter a 3 digit number of months since last tobacco use or leave blank for no tobacco use.   | Numeric <ul style="list-style-type: none"> <li>• 0 = current tobacco user</li> <li>• &gt; 0 = previous tobacco user</li> <li>• Blank = no tobacco use</li> </ul> |
| Relationship                            | Allows the user to identify the relationship type. This field will default to "Child."  | Dropdown <ul style="list-style-type: none"> <li>• Child</li> </ul>   |
| Same address as Primary Subscriber      | Allows the user to indicate that the spouse/life partner's address is the same as the primary subscriber's address. (Note: Does not appear for SHOP.) | Radio button <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |

### 5.3.4 Rating Scenario – Plan Results

After you enter your rating scenario, click **Update Plan Results** to view a list of available and some unavailable plans for your enrollment group. The plans will appear in the Plan Results table with the plans' IDs, names, metal levels, payment URLs and market, plan and product types. Use the **Available** and **Unavailable** radio buttons to switch between available or unavailable plans. Click the **Available** radio button to view all of the plans that will be available to your sample enrollment group. The plan results page defaults to displaying the Available Plans table.

Figure 7 shows the Plan Results table with a list of available plans for the rating scenario.

**Plan Results**

Use this section to view plans based on the rating scenario above. Select "Available Plans" to view plans available for the enrollment group. Select "Unavailable Plans" to view plans for which this consumer group is ineligible. If this section is blank or no plans are displayed in the tables, enter a Rating Scenario above and click the "Update Plan Results" button.

**\*View available or unavailable plans?**  
 Available Plans  Unavailable Plans

Select the desired plan from the list below by locating all or part of a Plan ID, Plan Name, Market Type, Plan Type, Metal Level, or Product Type. Click on the plan's row in the table to select it. If no Plan IDs are shown, check the Unavailable Plans Table.

**\*Select a Plan**

Search:

| Plan ID        | Plan Name | Market Type | Plan Type | Metal Level | Product Type | Payment URL               |
|----------------|-----------|-------------|-----------|-------------|--------------|---------------------------|
| 77490SD0030003 | Plan 1    | INDIVIDUAL  | PPO       | LOW         | DENTAL       | <a href="#">View Info</a> |

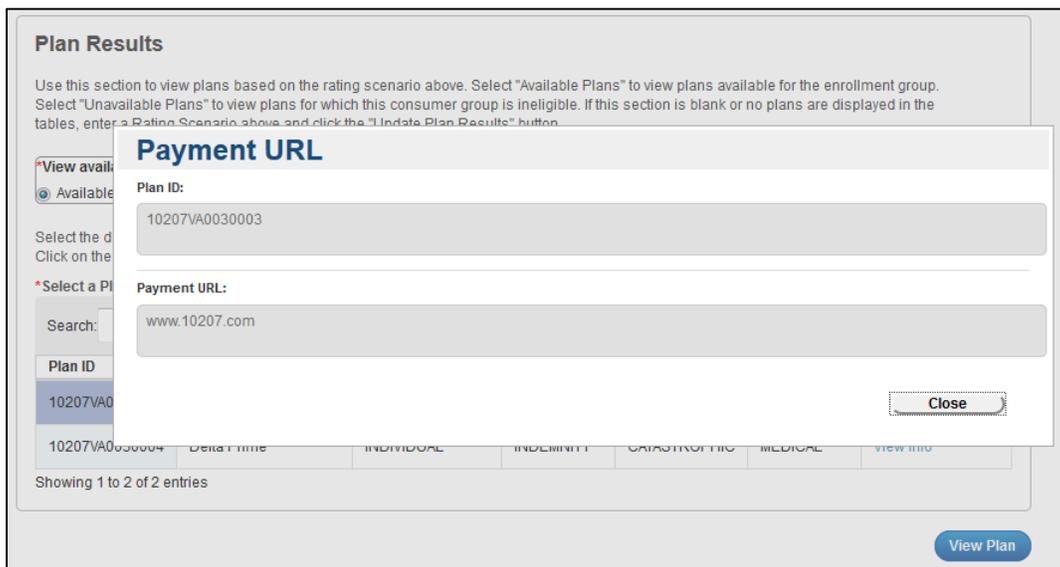
Showing 1 to 1 of 1 entries

**Figure 7: Plan Results – Available Plans**

To view a plan's payment URL, click the **View Info** button in the Payment URL column. You will see a pop-up box with the Payment URL submitted in the Plans and Benefits template.

**NOTE:** You will see the Payment URL in Plan Preview for SHOP plans, but consumers will not see the payment URL on FF-SHOP Plan Compare because SHOP payments are made within the FF-SHOP Portal.

Figure 8 shows the Payment URL pop-up.



**Figure 8: Available Plans - Payment URL**

If you click the **Unavailable** radio button, the system displays some of the plans that are unavailable to your enrollment group. Not all plans that are unavailable to the consumer will appear in the “Unavailable” table. There may be some plans unavailable for the enrollment group that do not appear in either table. For instance, if you create your rating scenario for the Individual Marketplace, your enrollment group will be ineligible to purchase Small Group (SHOP) plans, but SHOP plans will not be listed in the Unavailable Plans table.

In the following scenarios, a plan will be listed as neither available nor unavailable:

- Individual Market plans will not appear as available or unavailable for Small Group (SHOP) rating scenario groups.
- Small Group (SHOP) plans will not appear as available or unavailable for Individual Market rating scenario groups.
- If the effective date that you entered is not in the rate effective date range, then the plan will not appear as available or unavailable.
- If the zip code that you entered is not in the plan's service area, then the plan will not appear as available or unavailable.
- If you entered an enrollment group that is not eligible for child-only plans, then child-only plans will not appear as available or unavailable.

*Note: For an enrollment group to be eligible for child-only plans, all subscribers must be under the age of 21, and there cannot be a dependent with relationship of Spouse, Life Partner, or Child.*

- If you entered an enrollment group that is not eligible for adult-only plans, then adult-only plans will not appear as available or unavailable.

*Note: For an enrollment group to be eligible for adult-only plans, the primary subscriber must be age 21 or older or the enrollment group must contain a Spouse, Life Partner or Child dependent.*

- If you entered an enrollment group that is not eligible for catastrophic plans, then plans with a metal level of catastrophic will not appear as available or unavailable.

*Note: Plan Preview does not have a feature to indicate whether a group has a hardship exemption. For an enrollment group to be eligible for catastrophic plans without a hardship exemption, all subscribers must be under the age of 30.*

- If the plan is suppressed, then the plan will not appear as available or unavailable.

**NOTE:** SHOP plans that are child-only or catastrophic will not appear as available or unavailable and will not display in SHOP Plan Preview or FF-SHOP Plan Compare.

Figure 9 shows the Plan Results table with a list of unavailable plans.

### Plan Results

Use this section to view plans based on the rating scenario above. Select "Available Plans" to view plans available for the enrollment group. Select "Unavailable Plans" to view plans for which this consumer group is ineligible. If this section is blank or no plans are displayed in the tables, enter a Rating Scenario above and click the "Update Plan Results" button.

**\*View available or unavailable plans?**  
 Available Plans  Unavailable Plans

The plans shown below are not available for the rating scenario entered above. The Reason column provides a reason that the enrollment group is ineligible for a plan. In some cases, more than one reason may be given.

**\*Select a Plan**

Search:

| Plan ID        | Plan Name | Plan Type | Metal Level | Product Type | Code | Reason                           |
|----------------|-----------|-----------|-------------|--------------|------|----------------------------------|
| 77490SD0010003 | Plan 2    | POS       | PLATINUM    | MEDICAL      | 318  | Dependent 1 over max age allowed |
| 77490SD0010004 | Plan 1    | HMO       | GOLD        | MEDICAL      | 318  | Dependent 1 over max age allowed |
| 77490SD0010005 | Plan 3    | HMO       | BRONZE      | MEDICAL      | 318  | Dependent 1 over max age allowed |

Showing 1 to 3 of 3 entries

**Figure 9: Plan Results – Unavailable Plans**

The right two columns in the unavailable plans table, “Code” and “Reason,” list the reason why the plan is unavailable for your rating scenario and the associated “reason code.” Table 8 lists the reason codes and reason text for scenarios that result in unavailable plans.

**Table 8: Plan Results - Unavailable Plan Reason Codes**

| Enrollment Scenario  | Reason Code | Reason Text   |
|--|-------------|---|
| A child dependent in the rating scenario is older than the maximum age allowed by the plan's business rules.   | 318         | "Dependent [no. 1-5] over max age allowed"                              |
| A dependent type is not allowed by the plan's business rules (e.g. plan does not allow children).  | 321         | "[Relationship type] relationship not allowed"                          |
| A rate is not found for an enrollee (e.g. issuer does not have a rate for the Rating Area, but the Service Area covers the rating scenario location).  | 322         | "No rate for [primary subscriber, spouse, life partner, dependent 1-5]" |
| No Plan Variants match the desired CSR Variant that has been entered into the rating scenario (e.g. the CSR Variant selected is 87% AV Level Silver Plan CSR, but the plan's metal level is Gold).<br>Note: Not applicable for SHOP. | 600         | "CSR Variant Mismatch"  |

You can search the list of plans by Plan ID, Plan Name, Market Type, Plan Type, Metal Level, or Product Type (see Table 9). For available plans, select the plan by clicking on it.

After you select a plan, click the **View Plan** button to open the Plan Details Page. If no plans are found as available or unavailable for the entered criteria, the available plans table will be blank, and you will see a pop-up that says, "No Plans Available for Input Criteria."

Table 9 describes the fields for available plans in the Select a Plan section on the Rating Scenario Page.

**Table 9: Plan Results – Available Plans Table Fields**

| Field Name                   | Description   | Value   |
|------------------------------|---|---|
| Plan ID (pre-populated)      | 14-digit HIOS Plan ID (Standard Component).   | Alpha Numeric   |
| Plan Name (pre-populated)    | Plan Marketing Name.  | Text  |
| Market Type (pre-populated)  | Market Type.  | <ul style="list-style-type: none"> <li>• Individual</li> <li>• Small Group (SHOP)</li> </ul>  |
| Plan Type (pre-populated)    | Network design for the plan.  | <ul style="list-style-type: none"> <li>• PPO</li> <li>• HMO</li> <li>• POS</li> <li>• EPO</li> <li>• Indemnity</li> </ul>   |
| Metal Level (pre-populated)  | Coverage level for the plan.  | For medical plans, <ul style="list-style-type: none"> <li>• Platinum</li> <li>• Gold</li> <li>• Silver</li> <li>• Bronze</li> <li>• Catastrophic</li> </ul> For dental plans, <ul style="list-style-type: none"> <li>• High</li> <li>• Low</li> </ul> |
| Product Type (pre-populated) | Indicates whether the plan is Medical or Stand Alone Dental. Plans with embedded dental will appear as Medical. | <ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> </ul>   |

Table 10 describes the fields for unavailable plans in the Select a Plan section on the Rating Scenario Page.

**Table 10: Plan Results – Unavailable Plans Table Fields**

| Field Name                   | Description  | Value   |
|------------------------------|--|---|
| Plan ID (pre-populated)      | 14-digit HIOS Plan ID (Standard Component).  | Alpha Numeric   |
| Plan Name (pre-populated)    | Plan Marketing Name.   | Text  |
| Market Type (pre-populated)  | Market Type.   | <ul style="list-style-type: none"> <li>• Individual</li> <li>• Small Group (SHOP)</li> </ul>  |
| Plan Type (pre-populated)    | Network design for the plan.   | <ul style="list-style-type: none"> <li>• PPO</li> <li>• HMO</li> <li>• POS</li> <li>• EPO</li> <li>• Indemnity</li> </ul>   |
| Metal Level (pre-populated)  | Coverage level for the plan.   | For medical plans, <ul style="list-style-type: none"> <li>• Platinum</li> <li>• Gold</li> <li>• Silver</li> <li>• Bronze</li> <li>• Catastrophic</li> </ul> For dental plans, <ul style="list-style-type: none"> <li>• High</li> <li>• Low</li> </ul> |
| Product Type (pre-populated) | Indicates whether the plan is Medical or Stand Alone Dental. Plans with embedded dental will appear as Medical | <ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> </ul>   |

## 5.4 Plan Details Page

The Plan Details Page, shown in Figure 10, displays detailed benefits and rates for any of the plans that appear on the Rating Scenario page. Click a plan within the Plan Results table to highlight the plan, and then click the **View Plan** button. The corresponding Plan Details page will load in a new tab in your browser.

You can view more detailed plan information for medical plans by expanding any of the following fields:

- Costs for Medical Care
- Prescription Drug Coverage
- Access to Doctors and Hospitals
- Hospital Services
- Cost and Coverage Examples
- Adult Dental Coverage
- Child Dental Coverage
- Medical Management Programs

- Other Benefits

Stand-alone dental plans will display only the Adult Dental Coverage and Child Dental Coverage fields.

#### 5.4.1 Plan Details – Benefit Cost Sharing Logic

The Plan Details Page has an overview section and several expandable sections with coverage information for various benefits. In the expandable sections, Tier 1 In-Network, Tier 2 In-Network, and Out-of-Network cost sharing for each benefit display, along with any quantitative limits. There is also a link that provides explanatory text for limits and exclusions; if you click the link, a pop-up box displays the Exclusions and Explanations text entered in the Plans and Benefits template for the benefit.

The following logic determines how coinsurance and copay information displays:

1. If the coinsurance is equal to “100%,” “Not Covered” displays.
2. If both the copay and coinsurance are greater than zero but the coinsurance is less than 100%, both the copay and coinsurance display with their text qualifiers (such as “50% Coinsurance after deductible”).
3. If the copay is greater than \$0 and the coinsurance equals “0%,” “0% Coinsurance after deductible,” “No Charge,” “No Charge after deductible,” or “Not Applicable,” only the copay displays with the copay qualifier. Likewise, if the coinsurance is greater than 0% and the copay equals “\$0,” “\$0 Copay after deductible,” “\$0 Copay before deductible,” “No Charge,” “No Charge after deductible,” or “Not Applicable,” only the coinsurance displays with the coinsurance qualifier.
4. “No Charge” displays if:
  - a. The copay equals “\$0,” “\$0 Copay before deductible,” or “No Charge” and the coinsurance equals “0%,” “No Charge,” or “Not Applicable.”
  - b. The copay equals “Not Applicable” and the coinsurance equals “0%” or “No Charge.”
5. “No Charge after deductible” displays if:
  - a. The copay equals “No Charge after deductible,” or “\$0 Copay after deductible,” and the coinsurance equals “0%,” “No Charge,” “Not Applicable,” “No Charge after deductible,” or “0% Coinsurance after deductible.”
  - b. The copay equals “\$0,” “\$0 Copay before deductible,” “No Charge,” or “Not Applicable,” and the coinsurance equals “0% Coinsurance after deductible,” or “No Charge after deductible.”
6. “Not Applicable” displays if both the copay and coinsurance equal “Not Applicable.”

Copay qualifiers that include “per Day” or “per Stay” behave according to these same rules. For example, a copay equal to “\$25 Copay per Day after deductible” and a coinsurance equal to “No Charge” displays “\$25 Copay per Day after deductible.”

“\$0 Copay per Stay,” “\$0 Copay per Day,” “\$0 Copay per Stay before deductible,” and “\$0 Copay per Day before deductible” are equivalent to “No Charge.” “\$0 Copay per Stay after

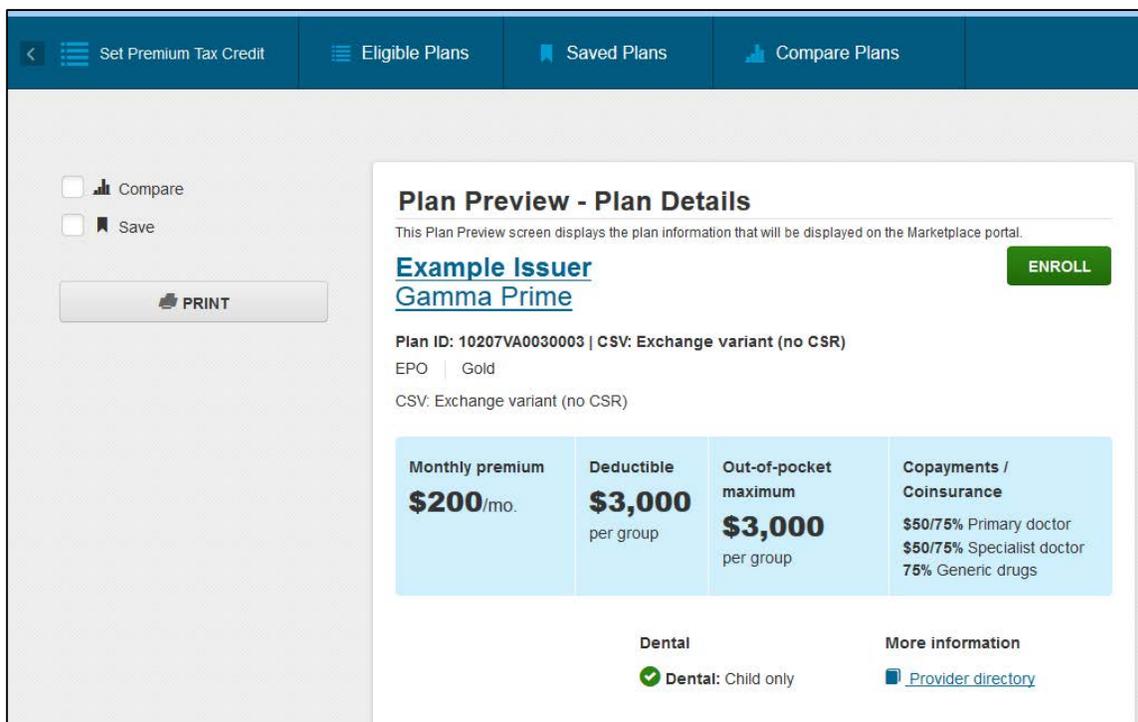
deductible” and “\$0 Copay per Day after deductible” are equivalent to “No Charge after deductible.”

**NOTE:** This mapping logic does not apply to FF-SHOP Plan Compare. The FF-SHOP Marketplace displays both the copay and coinsurance values for all benefits that are listed as covered in the Plans and Benefits template. The FF-SHOP system displays the raw values that were entered into the Plans and Benefits template.

### 5.4.2 Plan Details – Plan Overview

The top of the Plan Details page shows you some basic information about the plan you’ve chosen to view.

Figure 10 shows the overview section of the Plan Details page for a sample Individual Market plan.



**Figure 10: Plan Details Page – Overview**

Table 11 describes the fields on the overview section of the Plan Details Page for Individual and Small Group (SHOP). Please note that the CSR Variant field will not display for Small Group (SHOP).

**Table 11: Plan Details Page – Overview Fields**

| Field Name              | Description  |
|-------------------------|--|
| Plan Name               | <p>Displays the Issuer Marketing Name (pulled from HIOS), plus the Plan Marketing Name (pulled from the Plans and Benefits template). If the Issuer Marketing name is blank, displays the Issuer Legal Name (pulled from HIOS), plus the Plan Marketing Name.</p> <p>(Note: For FF-SHOP Plan Compare, the Issuer Marketing Name is pulled from the Administrative template.)</p>   |
| Plan ID and CSR Variant | <p>Displays the 14-digit HIOS Plan ID (Standard Component) and CSR Variant.</p> <p>CSR Variant does not display for Small Group (SHOP).</p> <p>CSR Variant does not display in Individual Market Plan Compare or FF-SHOP Plan Compare.</p>   |
| Plan Attributes         | <p>Displays the following details of the selected plan, in this order (if applicable):</p> <ol style="list-style-type: none"> <li>1) Plan Type.</li> <li>2) Level of Coverage.</li> <li>3) CSR Plan Variant: <ul style="list-style-type: none"> <li>• Exchange variant (no CSR)</li> <li>• Zero Cost Sharing Plan Variation</li> <li>• Limited Cost Sharing Plan Variation</li> <li>• 73% AV Level Silver Plan CSR</li> <li>• 87% AV Level Silver Plan CSR</li> <li>• 94% AV Level Silver Plan CSR.</li> </ul> </li> <li>4) “National Provider Network” displays if the “National Network” field in the Plans and Benefits template is equal to “Yes.” No text displays if the “National Network” field is equal to “No.”</li> </ol> |
| Monthly Premium         | <p>Displays the monthly premium amount that the rating engine calculates based on the individuals in the enrollment group (and effective date for SHOP plans).</p> <p>For Stand Alone Dental Plans, displays either “Guaranteed premium” or “Estimated premium” along with the premium amount, based on the “Guaranteed vs. Estimated Rates” field in the Plans and Benefits template. Note: Estimated premiums are not supported in SHOP Plan Compare.</p>  |

| Field Name | Description   |
|------------|---|
| Deductible | <p>For one-person enrollment groups (no dependents):</p> <ul style="list-style-type: none"> <li>• If the Individual In-Network value equals a dollar amount, then the Individual In-Network value displays (as "\$X").</li> <li>• If the Individual In-Network value equals "Not Applicable" and the Individual Combined In/Out-Network value equals a dollar amount, then the Individual Combined In/Out Network value displays (as "\$X").</li> <li>• If the Individual In-Network and Combined In/Out-Network values both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>For enrollment groups with more than one person (one or more dependents):</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Group value equals a dollar amount, then the Family In-Network Per Group value displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group value equals "Not Applicable" and the Family Combined In/Out-Network Per Group value equals a dollar amount, then the Family Combined In/Out-Network Per Group value displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group and Family Combined In/Out-Network Per Group values both equal "Not Applicable," and the Family In-Network Per Person equals a dollar value, then the Family In-Network Per Person value displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Group, Family Combined In/Out-Network Per Group, and Family In-Network Per Person values all equal "Not Applicable," and the Family Combined In/Out-Network Per Person value equals a dollar amount, then the Family Combined In/Out-Network Per Person value displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Group, Family Combined In/Out-Network Per Group, Family In-Network Per Person, and Family Combined In/Out-Network Per Person values all equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>If medical and drug deductibles are integrated, then the combined medical and drug deductible displays in the overview section. "Included in Combined Medical &amp; Drug Deductible" displays in the prescription drug coverage details section.</p> <p>If medical and drug deductibles are not integrated, only the medical deductible displays in the overview section. The drug deductible displays in the prescription drug coverage details section.</p> <p>In-Network Tier 2 and Out-of-Network deductibles do not display in Plan Preview or Plan Compare.</p> |

| Field Name                        | Description   |
|-----------------------------------|---|
| <p>Out-of-Pocket Maximum</p>      | <p>For one-person enrollment groups (no dependents):</p> <ul style="list-style-type: none"> <li>• If the Individual In-Network maximum equals a dollar amount, then the Individual In-Network maximum displays (as "\$X").</li> <li>• If the Individual In-Network maximum equals "Not Applicable" and the Individual Combined In/Out-Network maximum equals a dollar amount, then the Individual Combined In/Out Network maximum displays (as "\$X").</li> <li>• If the Individual In-Network and Combined In/Out-Network maximums both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>For enrollment groups with more than one person (one or more dependents):</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Group maximum equals a dollar amount, then the Family In-Network Per Group maximum displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group maximum equals "Not Applicable" and the Family Combined In/Out-Network Per Group maximum equals a dollar amount, then the Family Combined In/Out-Network Per Group maximum displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group and Family Combined In/Out-Network Per Group maximums both equal "Not Applicable," and the Family In-Network Per Person equals a dollar maximum, then the Family In-Network Per Person maximum displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Group, Family Combined In/Out-Network Per Group, and Family In-Network Per Person maximums all equal "Not Applicable," and the Family Combined In/Out-Network Per Person maximum equals a dollar amount, then the Family Combined In/Out-Network Per Person maximum displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Group, Family Combined In/Out-Network Per Group, Family In-Network Per Person, and Family Combined In/Out-Network Per Person maximums all equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>If medical and drug maximum out-of-pocket amounts are integrated, then the combined medical and drug maximum displays in the overview section. "Included in Combined Medical &amp; Drug Maximum Out-of-Pocket" displays in the prescription drug coverage details section.</p> <p>If medical and drug maximums are not integrated, only the medical amount displays on this part of the page. The drug MOOP displays in the prescription drug coverage details section.</p> <p>In-Network Tier 2 and Out-of-Network MOOP values do not display in Plan Preview or Plan Compare.</p> |
| <p>Copay (\$)/Coinsurance (%)</p> | <p>For Primary Doctor, Specialist Doctor, or Generic Prescription, displays cost-sharing information according to the Copay/Coinsurance mapping logic in section 5.4.1.</p> <p>Displays information from the following fields in the Plans and Benefits template:</p> <ul style="list-style-type: none"> <li>• Primary Care Visit to Treat an Injury or Illness</li> <li>• Specialist Visit</li> <li>• Generic Drugs</li> </ul>   |

| Field Name       | Description   |
|------------------|---|
| Dental           | <p>Indicates whether the plan includes dental coverage.</p> <p>If the plan only offers Child Dental, displays “Dental: Child-only.”<br/>           If the plan only offers Adult Dental, displays “Dental: Adult-only.”<br/>           If the plan offers both, displays “Dental: Adult and Child.”<br/>           If the plan offers neither, displays “Dental: Not Covered.”</p> <p>A plan is considered to cover adult dental benefits if it covers all three of the following benefits:</p> <ul style="list-style-type: none"> <li>• Routine Dental Services (Adult)</li> <li>• Basic Dental Care (Adult)</li> <li>• Major Dental Care (Adult)</li> </ul> <p>A plan is considered to cover child dental benefits if it covers all three of the following benefits:</p> <ul style="list-style-type: none"> <li>• Dental Check-Up for Children</li> <li>• Basic Dental Care (Child)</li> <li>• Major Dental Care (Child)</li> </ul> |
| More Information | <p>The “Plan Brochure” field displays the Plan Brochure URL as entered in the Plans and Benefits template.</p> <p>The “Summary of Benefits” field displays the Summary of Benefits &amp; Coverage URL as entered in in the Plans and Benefits template. Note: Stand Alone Dental Plans do not show this link in Plan Compare.</p> <p>The “Provider Directory” field displays the Network URL as entered in the Network ID template.</p>   |

### 5.4.3 Plan Details – Benefits Sections

The Plan Details page contains nine collapsible sections that list coverage information for specific benefits, displayed in the same way as Individual Market Plan Compare. Copay, coinsurance, deductible and maximum out-of-pocket amounts display according to the same logic found in sections 5.4.1 and 5.4.2. (Note: SHOP benefits display similarly in Plan Preview but do not follow the same display logic in FF-SHOP Plan Compare.)

You will be able to view benefits for SHOP plans in the Plan Preview module that will not display in FF-SHOP Plan Compare. Additionally, the Plan Preview module does not display some of the benefits for SHOP plans that FF-SHOP Plan Compare displays. Please see Appendix A for more details.

Figure 11 shows the Medical Care Coverage section of the Plan Details page after it has been expanded.

| Costs for medical care                          |   | <a href="#">Collapse -</a> |
|---|---|----------------------------|
| Deductible                                      | \$1,500   |                            |
| Out-of-pocket maximum                           | \$4,550   |                            |
| Primary care doctor visit                       | \$200/25% In-Network; \$200/25% Out-of-Network; <a href="#">Limits and Exclusions Apply</a> |                            |
| Specialist visit                                | \$200/25% In-Network; \$200/25% Out-of-Network; <a href="#">Limits and Exclusions Apply</a> |                            |
| X-rays and diagnostic imaging                   | \$200/25% In-Network; \$200/25% Out-of-Network  |                            |
| Laboratory and outpatient professional services | 25% In-Network; 25% Out-of-Network  |                            |
| Hearing aids                                    | \$200/25% In-Network; \$200/25% Out-of-Network; <a href="#">Limits and Exclusions Apply</a> |                            |
| Routine eye exam for adults                     | Not Covered   |                            |
| Routine eye exam for children                   | \$200/25% In-Network; \$200/25% Out-of-Network; 1 Vt(it)s per Year                          |                            |
| Eyeglasses for children                         | \$200/25% In-Network; \$200/25% Out-of-Network; <a href="#">Limits and Exclusions Apply</a> |                            |
| Health Savings Account eligible plan            | No  |                            |

**Figure 11: Plan Details – Costs for Medical Care Section**

Table 12 describes the fields in the Medical Care Coverage section of the Plan Details Page.

**Table 12: Plan Details – Costs for Medical Care Section Fields**

| Field Name | Description   |
|------------|---|
| Deductible | <p>For one-person enrollment groups (no dependents):</p> <ul style="list-style-type: none"> <li>• If the Individual In-Network value equals a dollar amount, then the Individual In-Network value displays (as "\$X").</li> <li>• If the Individual In-Network value equals "Not Applicable" and the Individual Combined In/Out-Network value equals a dollar amount, then the Individual Combined In/Out Network value displays (as "\$X").</li> <li>• If the Individual In-Network and Combined In/Out-Network values both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>For enrollment groups with more than one person (one or more dependents), displays both "Per Person" and "Per Group" amount.</p> <p>Per Person Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Person value equals a dollar value, then the Family In-Network Per Person value displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Person value equals "Not Applicable," and the Family Combined In/Out-Network Per Person value equals a dollar amount, then the Family Combined In/Out-Network Per Person value displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Person and Family Combined In/Out-Network Per Person values both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>Per Group Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Group value equals a dollar amount, then the Family In-Network Per Group value displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group value equals "Not Applicable" and the Family Combined In/Out-Network Per Group value equals a dollar amount, then the Family Combined In/Out-Network Per Group value displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group and Family Combined In/Out-Network Per Group values both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>In-Network Tier 2 and out-of-network deductibles do not display in Plan Preview or Plan Compare.</p> |

| Field Name                                      | Description   |
|---|---|
| Out-of-pocket maximum                           | <p>For one-person enrollment groups (no dependents):</p> <ul style="list-style-type: none"> <li>• If the Individual In-Network maximum equals a dollar amount, the Individual In-Network maximum displays (as "\$X").</li> <li>• If the Individual In-Network maximum equals "Not Applicable" and the Individual Combined In/Out-Network maximum equals a dollar amount, the Individual Combined In/Out Network maximum displays (as "\$X").</li> <li>• If Individual In-Network and Combined In/Out-Network maximums both equal "Not Applicable," "Not Applicable" displays.</li> </ul> <p>For enrollment groups with more than one person (one or more dependents), displays both "Per Person" and "Per Group" amount.</p> <p>Per Person Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Person maximum equals a dollar maximum, then the Family In-Network Per Person maximum displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Person maximum equals "Not Applicable," and the Family Combined In/Out-Network Per Person maximum equals a dollar amount, then the Family Combined In/Out-Network Per Person maximum displays (as "\$X Per Person").</li> <li>• If the Family In-Network Per Person and Family Combined In/Out-Network Per Person maximums both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>Per Group Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Group maximum equals a dollar amount, then the Family In-Network Per Group maximum displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group maximum equals "Not Applicable" and the Family Combined In/Out-Network Per Group maximum equals a dollar amount, then the Family Combined In/Out-Network Per Group maximum displays (as "\$X Per Group").</li> <li>• If the Family In-Network Per Group and Family Combined In/Out-Network Per Group maximums both equal "Not Applicable," then "Not Applicable" displays.</li> </ul> <p>In-Network Tier 2 and out-of-network maximums do not display in Plan Preview or Plan Compare.</p> |
| Primary care doctor visit                       | Provides cost sharing information for the benefit "Primary Care Visit to Treat an Injury or Illness," found in the Plans and Benefits template.   |
| Specialist visit                                | Provides cost sharing information for the benefit "Specialist Visit," found in the Plans and Benefits template.   |
| X-Rays and diagnostic imaging                   | Provides cost sharing information for the benefit "X-rays and Diagnostic Imaging," found in the Plans and Benefits template.  |
| Laboratory and outpatient professional services | Provides cost sharing information for the benefit "Laboratory and Outpatient Professional Services," found in the Plans and Benefits template.  |
| Hearing aids                                    | Provides cost sharing information for the benefit "Hearing Aids," found in the Plans and Benefits template.   |

| Field Name                           | Description  |
|--------------------------------------|--|
| Routine eye exam for adults          | Provides cost sharing information for the benefit "Routine Eye Exam for Adults," found in the Plans and Benefits template.   |
| Routine eye exam for children        | Provides cost sharing information for the benefit "Routine Eye Exam for Children," found in the Plans and Benefits template. |
| Eyeglasses for children              | Provides cost sharing information for the benefit "Eyeglasses for Children," found in the Plans and Benefits template.       |
| Health Savings Account eligible plan | Indicates whether this plan is HSA-eligible, based on the "HSA Eligible" field in the Plans and Benefits template.           |

Figure 12 shows the Prescription Drug Coverage section of the Plan Details Page.

| Prescription drug coverage <span style="float: right;"><a href="#">Collapse -</a></span> |  |
|--|--|
| Generic drugs  | \$5 In-Network Tier 1; \$5 In-Network Tier 2; \$5 Out-of-Network |
| Preferred brand drugs  | \$5 In-Network Tier 1; \$5 In-Network Tier 2; \$5 Out-of-Network |
| Non-preferred brand drugs  | \$5 In-Network Tier 1; \$5 In-Network Tier 2; \$5 Out-of-Network |
| Specialty drugs  | \$5 In-Network Tier 1; \$5 In-Network Tier 2; \$5 Out-of-Network |
| List of covered drugs  | <a href="#">View Covered Drugs</a>                               |
| Three month in-network mail order pharmacy benefit                                       | Yes  |
| Prescription drug deductible   | \$250  |
| Prescription drug out-of-pocket maximum  | \$2,500  |

**Figure 12: Plan Details – Prescription Drug Coverage Section**

Table 13 describes the fields in the Prescription Drug Coverage section of the Plan Details page.

**Table 13: Plan Details – Prescription Drug Coverage Section Fields**

| Field Name                | Description  |
|---------------------------|--|
| Generic drugs             | Provides cost sharing information for the benefit "Generic Drugs," found in the Plans and Benefits template.               |
| Preferred brand drugs     | Provides cost sharing information for the benefit "Preferred Brand Drugs," found in the Plans and Benefits template.       |
| Non-preferred brand drugs | Provides cost sharing information for the benefit "Non-Preferred Generic Drugs," found in the Plans and Benefits template. |
| Specialty drugs           | Provides cost sharing information for the benefit "Specialty Drugs," found in the Plans and Benefits template.             |

| Field Name   | Description  |
|--|--|
| List of covered drugs                              | Provides a link to the plan’s list of covered drugs from the “Formulary URL” in the Plans and Benefits template.   |
| Three month in-network mail order pharmacy benefit | <p>Indicates whether this plan offers three month In-Network mail order pharmacy benefits.</p> <p>If either the “3 Month In Network Mail Order Pharmacy Benefit Offered?” or “3 Month Out of Network Mail Order Pharmacy Benefit Offered?” fields are listed as “Yes” in the Prescription Drug template, displays “Yes”; otherwise, displays “No.”</p>   |
| Prescription drug deductible                       | <p>If medical and drug deductibles are integrated, displays “Included in Combined Medical &amp; Drug Deductible.” Otherwise, the logic below applies.</p> <p>If medical and drug deductibles are not integrated, display depends on the enrollment group size.</p> <p>If the enrollment group size is one (no dependents):</p> <ul style="list-style-type: none"> <li>• If the Individual In-Network prescription drug deductible equals a dollar amount, then the Individual In-Network deductible displays (as “\$X”).</li> <li>• If the Individual In-Network prescription drug deductible equals “Not Applicable” and the Individual Combined In/Out-Network prescription drug deductible equals a dollar amount, then the Individual Combined In/Out Network deductible displays (as “\$X”).</li> <li>• If the Individual In-Network and Combined In/Out-Network prescription drug deductibles both equal “Not Applicable,” then “Not Applicable” displays.</li> </ul> <p>If the enrollment group size is greater than one (at least one dependent), displays both “Per Person” and “Per Group” amount.</p> <p>Per Person Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Person value equals a dollar value, then the Family In-Network Per Person value displays (as “\$X Per Person”).</li> <li>• If the Family In-Network Per Person value equals “Not Applicable,” and the Family Combined In/Out-Network Per Person value equals a dollar amount, then the Family Combined In/Out-Network Per Person value displays (as “\$X Per Person”).</li> <li>• If the Family In-Network Per Person and Family Combined In/Out-Network Per Person values both equal “Not Applicable,” then “Not Applicable” displays.</li> </ul> <p>Per Group Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Group value equals a dollar amount, then the Family In-Network Per Group value displays (as “\$X Per Group”).</li> <li>• If the Family In-Network Per Group value equals “Not Applicable” and the Family Combined In/Out-Network Per Group value equals a dollar amount, then the Family Combined In/Out-Network Per Group value displays (as “\$X Per Group”).</li> <li>• If the Family In-Network Per Group and Family Combined In/Out-Network Per Group values both equal “Not Applicable,” then “Not Applicable” displays.</li> </ul> |

| Field Name                              | Description   |
|---|---|
| Prescription drug out-of-pocket maximum | <p>If medical and drug maximums are integrated, displays “Included in Combined Medical &amp; Drug Maximum Out-of-Pocket.” Otherwise, the logic below applies.</p> <p>If medical and drug maximums are not integrated, display depends on the enrollment group size.</p> <p>If the enrollment group size is one (no dependents):</p> <ul style="list-style-type: none"> <li>• If the Individual In-Network maximum equals a dollar amount, the Individual In-Network maximum displays (as “\$X”).</li> <li>• If the Individual In-Network maximum equals “Not Applicable” and the Individual Combined In/Out-Network maximum equals a dollar amount, the Individual Combined In/Out Network maximum displays (as “\$X”).</li> <li>• If Individual In-Network and Combined In/Out-Network maximums both equal “Not Applicable,” “Not Applicable” displays.</li> </ul> <p>If the enrollment group size is greater than one (at least one dependent), displays both “Per Person” and “Per Group” maximum.</p> <p>Per Person Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Person maximum equals a dollar maximum, then the Family In-Network Per Person maximum displays (as “\$X Per Person”).</li> <li>• If the Family In-Network Per Person maximum equals “Not Applicable,” and the Family Combined In/Out-Network Per Person maximum equals a dollar amount, then the Family Combined In/Out-Network Per Person maximum displays (as “\$X Per Person”).</li> <li>• If the Family In-Network Per Person and Family Combined In/Out-Network Per Person maximums both equal “Not Applicable,” then “Not Applicable” displays.</li> </ul> <p>Per Group Logic:</p> <ul style="list-style-type: none"> <li>• If the Family In-Network Per Group maximum equals a dollar amount, then the Family In-Network Per Group maximum displays (as “\$X Per Group”).</li> <li>• If the Family In-Network Per Group maximum equals “Not Applicable” and the Family Combined In/Out-Network Per Group maximum equals a dollar amount, then the Family Combined In/Out-Network Per Group maximum displays (as “\$X Per Group”).</li> <li>• If the Family In-Network Per Group and Family Combined In/Out-Network Per Group maximums both equal “Not Applicable,” then “Not Applicable” displays.</li> </ul> |

Figure 13 shows the Access to Doctors and Hospitals section of the Plan Details page.

| Access to doctors and hospitals       |  | <a href="#">Collapse -</a> |
|---------------------------------------|--|----------------------------|
| Provider Directory                    |  <a href="#">Provider Directory</a> |                            |
| National provider network             | No   |                            |
| Referral required to see a specialist | Yes  |                            |

**Figure 13: Plan Details – Access to Doctors and Hospitals Section**

Table 14 describes the fields in the Access to Doctors and Hospitals section of the Plan Details page.

**Table 14: Plan Details – Access to Doctors and Hospitals Section Fields**

| Field Name                            | Description  |
|---------------------------------------|--|
| Provider Directory                    | Provides a link to the plan’s provider directory from the “Network URL” field in the Network template.   |
| National provider network             | Indicates whether this plan is a national provider network, based on the “National Network” field in the Plans and Benefits template.                                |
| Referral required to see a specialist | Indicates whether this plan requires a referral to see a specialist, based on the “Is a Referral Required for Specialist?” field in the Plans and Benefits template. |

Figure 14 shows the Hospital Services section of the Plan Details page.

| Hospital services                                  |   | <a href="#">Collapse -</a> |
|--|---|----------------------------|
| Emergency room care                                | \$5/5% Coinsurance after deductible In-Network Tier 1;<br>\$5/5% Coinsurance after deductible In-Network Tier 2;<br>\$5/5% Coinsurance after deductible Out-of-Network  |                            |
| Inpatient doctor and surgical services             | \$5/5% Coinsurance after deductible In-Network Tier 1;<br>\$5/5% Coinsurance after deductible In-Network Tier 2;<br>\$5/5% Coinsurance after deductible Out-of-Network  |                            |
| Inpatient hospital services (like a hospital stay) | \$5 Copay per Stay/5% Coinsurance after deductible In-Network Tier 1; \$5 Copay per Stay/5% Coinsurance after deductible In-Network Tier 2; \$5 Copay per Stay/5% Coinsurance after deductible Out-of-Network |                            |

**Figure 14: Plan Details – Hospital Services Section**

Table 15 describes the fields in the Hospital Services section of the Plan Details page.

**Table 15: Plan Details – Hospital Services Section Fields**

| Field Name   | Description  |
|--|--|
| Emergency room care                                | Provides cost sharing information for the benefit “Emergency Room Care,” found in the Plans and Benefits template.                       |
| Inpatient doctor and surgical services             | Provides cost sharing information for the benefit “Inpatient Physician and Surgical Services,” found in the Plans and Benefits template. |
| Inpatient hospital services (like a hospital stay) | Provides cost sharing information for the benefit “Inpatient Hospital Services,” found in the Plans and Benefits template.               |

Figure 15 shows the Cost and Coverage Examples section of the Plan Details page.

| Cost and coverage examples <a href="#">Collapse -</a>  |        |
|--|--------|
| Total cost for a healthy pregnancy and normal delivery | \$8960 |
| Total cost of managing type 2 diabetes                 | \$8960 |

**Figure 15: Plan Details – Cost and Coverage Examples Section**

Table 16 describes the fields in the Cost and Coverage Examples section of the Plan Details page.

**Table 16: Plan Details – Cost and Coverage Examples Section Fields**

| Field Name                      | Description   |
|---------------------------------|---|
| Total Cost of Having a Baby     | <p>Displays the sum of the following four values from the Plans and Benefits template:</p> <ul style="list-style-type: none"> <li>• Having a Baby – Deductible</li> <li>• Having a Baby – Copayment</li> <li>• Having a Baby – Coinsurance</li> <li>• Having a Baby – Limit</li> </ul> <p>Displays “Not Available” if “Deductible,” “Copayment,” “Coinsurance” or “Limit” are blank in the Plans and Benefits template.</p>         |
| Total Cost of Managing Diabetes | <p>Displays the sum of the following four values from the Plans and Benefits template:</p> <ul style="list-style-type: none"> <li>• Having Diabetes – Deductible</li> <li>• Having Diabetes – Copayment</li> <li>• Having Diabetes – Coinsurance</li> <li>• Having Diabetes – Limit</li> </ul> <p>Displays “Not Available” if “Deductible,” “Copayment,” “Coinsurance” or “Limit” are blank in the Plans and Benefits template.</p> |

Figure 16 shows the Adult Dental Coverage section of the Plan Details page.

| Adult dental coverage |             | <a href="#">Collapse -</a> |
|-----------------------|-------------|----------------------------|
| Routine dental care   | Not Covered |                            |
| Basic dental care     | Not Covered |                            |
| Major dental care     | Not Covered |                            |
| Orthodontia           | Not Covered |                            |

**Figure 16: Plan Details – Adult Dental Coverage Section**

Table 17 describes the fields in the Adult Dental Coverage section of the Plan Details page.

**Table 17: Plan Details – Adult Dental Coverage Section Fields**

| Field Name   | Description  |
|--|--|
| Routine dental care                                | Provides cost sharing information for the benefit “Routine Dental Services (Adult),” found in the Plans and Benefits template.   |
| Basic dental care                                  | Provides cost sharing information for the benefit “Basic Dental Care – Adult,” found in the Plans and Benefits template.   |
| Major dental care                                  | Provides cost sharing information for the benefit “Major Dental Care – Adult,” found in the Plans and Benefits template.   |
| Orthodontia  | Provides cost sharing information for the benefit “Orthodontia – Adult,” found in the Plans and Benefits template.   |
| Provider directory (Stand-alone dental plans only) | Provides a link to the plan’s list of in-network dentists, from the “Network URL” field in the Plans and Benefits template. (Note: Found in the summary section on the Plan Details page.) |

Figure 17 shows the Child Dental Coverage section of the Plan Details page.

| Child dental coverage  |  | <a href="#">Collapse -</a> |
|--|--|----------------------------|
| <b>Check-up</b>  | \$5/5% Coinsurance after deductible In-Network Tier 1;<br>\$5/5% Coinsurance after deductible In-Network Tier 2;<br>\$5/5% Coinsurance after deductible Out-of-Network; 1<br>Visit(s) per 6 Months |                            |
| <b>Basic dental care</b>   | \$5/5% Coinsurance after deductible In-Network Tier 1;<br>\$5/5% Coinsurance after deductible In-Network Tier 2;<br>\$5/5% Coinsurance after deductible Out-of-Network                             |                            |
| <b>Major dental care</b>   | \$5/5% Coinsurance after deductible In-Network Tier 1;<br>\$5/5% Coinsurance after deductible In-Network Tier 2;<br>\$5/5% Coinsurance after deductible Out-of-Network                             |                            |
| <b>Medically necessary orthodontia</b> Orthodontic treatment may require pre-approval and must meet the plan's 'medical necessity' criteria. | Not Covered  |                            |

**Figure 17: Plan Details – Child Dental Coverage Section**

Table 18 describes the fields in the Child Dental Coverage section of the Plan Detail page.

**Table 18: Plan Details – Child Dental Coverage Section Fields**

| Field Name                      | Description   |
|---------------------------------|---|
| Check-up                        | Provides cost sharing information for the benefit “Dental Check-Up for Children,” found in the Plans and Benefits template. |
| Basic dental care               | Provides cost sharing information for the benefit “Basic Dental Care – Child,” found in the Plans and Benefits template.    |
| Major dental care               | Provides cost sharing information for the benefit “Major Dental Care – Child,” found in the Plans and Benefits template.    |
| Medically necessary orthodontia | Provides cost sharing information for the benefit “Orthodontia – Child,” found in the Plans and Benefits template.          |

Figure 18 shows the Medical Management Programs section of the Plan Details page.

| Medical management programs            |   | <a href="#">Collapse -</a> |
|--|---|----------------------------|
| Asthma                                 | ✘ Asthma program not available                            |                            |
| Heart disease                          | ✘ Heart disease program not available                     |                            |
| Depression                             | ✔ Depression program available                            |                            |
| Diabetes                               | ✘ Diabetes program not available                          |                            |
| High blood pressure & high cholesterol | ✘ High blood pressure & cholesterol program not available |                            |
| Low back pain                          | ✔ Low back pain program available                         |                            |
| Pain management                        | ✘ Pain management program not available                   |                            |
| Pregnancy                              | ✔ Pregnancy program available                             |                            |
| Weight loss programs                   | ✘ Weight management program not available                 |                            |

**Figure 18: Plan Details – Medical Management Programs Section**

Table 19 describes the fields in the Medical Management Programs section of the Plan Details page. All of the information in this section comes from the “Disease Management Program Offered” field in the Plans and Benefits template.

**Table 19: Plan Details – Medical Management Programs Section Fields**

| Field Name                             | Description   |
|--|---|
| Asthma                                 | Indicates whether this plan offers an asthma medical management program.                                  |
| Heart disease                          | Indicates whether this plan offers a heart disease medical management program.                            |
| Depression                             | Indicates whether this plan offers a depression medical management program.                               |
| Diabetes                               | Indicates whether this plan offers a diabetes medical management program.                                 |
| High blood pressure & high cholesterol | Indicates whether this plan offers a head blood pressure and high cholesterol medical management program. |
| Low back pain                          | Indicates whether this plan offers a low back pain medical management program.                            |
| Pain management                        | Indicates whether this plan offers a pain management medical management program.                          |
| Pregnancy                              | Indicates whether this plan offers a pregnancy medical management program.                                |
| Weight loss programs                   | Indicates whether this plan offers a weight loss medical management program.                              |

Figure 19 shows the Other Benefits section of the Plan Details page.

| Other benefits <span style="float: right;"><a href="#">Collapse -</a></span> |   |
|--|---|
| Acupuncture  | Not Covered   |
| Chiropractic care  | \$50/75% In-Network; \$100/80% Out-of-Network; 30 Visit(s) per Year                                 |
| Infertility treatment  | Not Covered   |
| Mental/behavioral health outpatient services                                 | \$50/75% In-Network; \$100/80% Out-of-Network   |
| Mental/behavioral health inpatient services                                  | \$50 Copay per stay/75% In-Network; \$100 Copay per stay/80% Out-of-Network                         |
| Habilitative services  | \$50/75% In-Network; \$100/80% Out-of-Network; <a href="#">Limits and Exclusions Apply</a>          |
| Bariatric services   | Not Covered   |
| Outpatient rehabilitative services   | \$50/75% In-Network; \$100/80% Out-of-Network; <a href="#">Limits and Exclusions Apply</a>          |
| Skilled Nursing Facility care  | \$50 Copay per stay/75% In-Network; \$100 Copay per stay/80% Out-of-Network; 100 Days per Admission |
| Private-duty nursing   | \$50/75% In-Network; \$100/80% Out-of-Network; 500 Dollars per Year                                 |
| Outpatient facility fee  | 75% In-Network; 80% Out-of-Network  |
| Outpatient surgery physician/surgical services                               | 75% In-Network; 80% Out-of-Network  |

**Figure 19: Plan Details – Other Benefits Section**

Table 20 describes the fields in the Other Benefits section of the Plan Details page.

**Table 20: Plan Details – Other Benefits Section Fields**

| Field Name                                     | Description   |
|--|---|
| Acupuncture                                    | Provides cost sharing information for the benefit “Acupuncture,” found in the Plans and Benefits template.  |
| Chiropractic care                              | Provides cost sharing information for the benefit “Chiropractic Care,” found in the Plans and Benefits template.  |
| Infertility treatment                          | Provides cost sharing information for the benefit “Infertility Treatment,” found in the Plans and Benefits template.                                    |
| Mental/behavioral health outpatient services   | Provides cost sharing information for the benefit “Mental/Behavioral Health Outpatient Services,” found in the Plans and Benefits template.             |
| Mental/behavioral health inpatient services    | Provides cost sharing information for the benefit “Mental/Behavioral Health Inpatient Services,” found in the Plans and Benefits template.              |
| Habilitative services                          | Provides cost sharing information for the benefit “Habilitation Services,” found in the Plans and Benefits template.                                    |
| Bariatric services                             | Provides cost sharing information for the benefit “Bariatric Surgery,” found in the Plans and Benefits template.  |
| Outpatient rehabilitative services             | Provides cost sharing information for the benefit “Outpatient Rehabilitative Services,” found in the Plans and Benefits template.                       |
| Skilled Nursing Facility care                  | Provides cost sharing information for the benefit “Skilled Nursing Facility,” found in the Plans and Benefits template.                                 |
| Private-duty nursing                           | Provides cost sharing information for the benefit “Private-Duty Nursing,” found in the Plans and Benefits template.                                     |
| Outpatient facility fee                        | Provides cost sharing information for the benefit “Outpatient Facility Fee (e.g. Ambulatory Surgery Center),” found in the Plans and Benefits template. |
| Outpatient surgery physician/surgical services | Provides cost sharing information for the benefit “Outpatient Surgery Physician/Surgical Services,” found in the Plans and Benefits template.           |

#### 5.4.4 Stand Alone Dental Plan Details

When you view a dental plan, you see the Dental-only Plan Details page, which also displays an overview header and collapsible sections. However, the Dental-only Plan Details page differs in the following ways:

- Monthly premium will display guaranteed or estimated premiums.
- Only Adult Dental coverage and Child Dental coverage will display as collapsible sections.

**NOTE:** Small Group (SHOP) child-only dental plans will not display in Plan Preview or FF-SHOP Plan Compare.

Figure 20 shows a sample Plan Preview page for a stand-alone dental plan.

### Plan Preview - Plan Details

This Plan Preview screen displays the detailed plan information that will be displayed on the Marketplace portal.

**FFE RR Test Issuer M 521**

**Indvl Dntl New POS-High Both**

Plan ID: 79220MI0030034 | CSV: Exchange variant (no CSR)

POS | High

CSV: Exchange variant (no CSR)

ENROLL

|   |  |  |
|---|--|--|
| <p>Monthly premium</p> <p><b>\$60</b>/mo.</p> <p><small>⚠ Estimated premium</small></p> | <p>Deductible</p> <p><b>\$200</b></p> <p><small>Per person</small></p> | <p>Out-of-pocket maximum</p> <p><b>\$500</b></p> <p><small>Applies to child essential health benefits only</small></p> |
|---|--|--|

**Dental**

✔ **Dental: Child only**

**More information**

- [Plan brochure](#)
- [Summary of Benefits](#)
- [Provider directory](#)

|                       |   |
|-----------------------|---|
| Adult dental coverage | <a href="#" style="color: white; text-decoration: none;">Expand +</a> |
| Child dental coverage | <a href="#" style="color: white; text-decoration: none;">Expand +</a> |

Figure 20: Plan Details Page – Stand-Alone Dental Plan

## 6 Troubleshooting and Support

### 6.1 Error Messages

If a system error occurs on any of the three pages, you will see an error message at the top of the page as seen in Figure 21.

PLAN MANAGEMENT

Text Size: AAA

Welcome, TEST110@FFETEST.COM | Logout

13127 - Globe Life and Accident Insurance Co - GA

**A system error has occurred. If the problem persists, please contact the Help Desk.**  
Error Code: 500

**Plan Preview - Rating Scenario**

All fields marked with an asterisk (\*) are required.

This Plan Preview page allows issuers to input a Rating Scenario and confirm what plans are available for the input criteria.

**Apply Rating Scenario**

\*Effective Date: 01/01/2015  
MMDDYYYY

\*Cost Sharing Reduction (CSR) Variant: Exchange variant (no CSR)

**Primary Subscriber**

\*Date of Birth: 05/01/1990  
MMDDYYYY

\*Gender: Male

Number of Months Since Last Tobacco Use: Leave Blank For No Tobacco Use

\*Zip Code: 30396  
XXXXX

\*County: Fulton

Add Dependent

**Figure 21: Error Message**

On the Rating Scenario Page, you may see errors about required or invalid data fields for either Individual Market (see Figure 22) or SHOP plans (see Figure 23). Errors could be the result of the examples provided in Table 21 (for Individual Market) or Table 22 (for SHOP).

Figure 22 shows potential field errors on the Rating Scenario Page for Individual Market plans.

Your information contains 12 errors

- Effective Date: Important: This field is required
- Cost Sharing Reduction (CSR) Variant: Important: This field is required
- Date of Birth: Important: This field is required
- Gender: Important: This field is required
- Zip Code: Important: This field is required
- County: Important: This field is required
- Date of Birth: Important: This field is required
- Gender: Important: This field is required
- Relationship: Important: This field is required
- Same Address as Primary Subscriber: Important: This field is required
- Date of Birth: Important: This field is required
- Same Address as Primary Subscriber: Important: This field is required

## Plan Preview - Rating Scenario

All fields marked with an asterisk (\*) are required.

This Plan Preview page allows Issuers to input a Rating Scenario and confirm what plans are available for the input criteria. Enter a scenario below and then click the Update Plan Results button to view plan information.

### Apply Rating Scenario

**\*Market Type**

Individual  
 Small Group (SHOP)

**\*Effective Date:**  MM/DD/YYYY  
Important: This field is required

**\*Cost Sharing Reduction (CSR) Variant:**   
Important: This field is required

#### Primary Subscriber

**\*Date of Birth:**  MM/DD/YYYY  
Important: This field is required

**Number of Months Since Last Tobacco Use:**   
Leave Blank For No Tobacco Use

**\*Gender:**   
Important: This field is required

**\*Zip Code:**   
Important: This field is required

**\*County:**   
Important: This field is required

#### Spouse/Life Partner

**\*Date of Birth:**  MM/DD/YYYY  
Important: This field is required

**Number of Months Since Last Tobacco Use:**   
Leave Blank For No Tobacco Use

**\*Gender:**   
Important: This field is required

**\*Relationship:**   
Important: This field is required

**\*Same Address as Primary Subscriber:**  
Important: This field is required  
 Yes  
 No

Figure 22: Individual Market Plan Field Validation Errors

Table 21 describes potential validation error messages that display on the top of the Rating Scenario page for Individual Market plans.

**Table 21: Individual Market Plan Field Validation Error Messages**

| <b>Error Message Reason</b>  | <b>Error Message Text</b>  |
|--|--|
| User did not select a state  | State: Important: This field is required.                                |
| User enters an effective date prior to 1/1/16                                  | Effective Date: Important: Please enter a valid date.                    |
| User enters an effective date with fewer than 8 digits                         | Effective Date: Important: This is not a valid date.                     |
| User does not enter an effective date  | Effective Date: Important: This field is required.                       |
| User does not select Cost Sharing Variant                                      | Cost Sharing Reduction (CSR) Variant: Important: This field is required. |
| User does not enter date of birth for primary subscriber                       | Date of Birth: Important: This field is required.                        |
| User enters invalid date of birth for primary subscriber                       | Date of Birth: Important: This is not a valid date.                      |
| User does not select gender for primary subscriber                             | Gender: Important: This field is required.                               |
| User enters incorrect zip code   | Zip Code: Important: This field is required.                             |
| User does not select a county  | County: Important: This field is required.                               |
| User does not enter date of birth for dependent                                | Date of Birth: Important: This field is required.                        |
| User enters invalid date of birth for dependent                                | Date of Birth: Important: This is not a valid date.                      |
| User does not select gender for dependent                                      | Gender: Important: This field is required.                               |
| User does not select whether the dependent resides with the primary subscriber | Same address as primary: Please select at least 1 item(s).               |
| No plans are available   | No Plans Available for Input Criteria.                                   |

Figure 23 shows potential field errors on the Rating Scenario Page for SHOP plans.

Your information contains 7 errors

- \*Effective Date: Important: This field is required
- \*Employer Zip Code Important: This field is required
- \*Date of Birth: Important: This field is required
- \*Gender: Important: This field is required
- \*Date of Birth: Important: This field is required
- \*Gender: Important: This field is required
- \*Relationship: Important: This field is required

### Plan Preview - Rating Scenario

All fields marked with an asterisk (\*) are required.

This Plan Preview page allows Issuers to input a Rating Scenario and confirm what plans are available for the input criteria. Enter a scenario below and then click the Update Plan Results button to view plan information.

#### Apply Rating Scenario

**\*Market Type**

Individual  
 Small Group (SHOP)

**\*Effective Date:**  MM/DD/YYYY Important: This field is required

**\*Employer Zip Code**  XXXXX Important: This field is required

**\*Employer County**  Select County

---

**Primary Subscriber**

**\*Date of Birth:**  MM/DD/YYYY Important: This field is required

**Number of Months Since Last Tobacco Use:**  Leave Blank For No Tobacco Use

**\*Gender:**  Important: This field is required

---

**Spouse/Life Partner**

**\*Date of Birth:**  MM/DD/YYYY Important: This field is required

**Number of Months Since Last Tobacco Use:**  Leave Blank For No Tobacco Use

**\*Gender:**  Important: This field is required

**\*Relationship:**  Important: This field is required

[Remove Spouse/Life Partner](#)

[Add Spouse/Life Partner](#)
[Add Dependent](#)
[Update Plan Results](#)

**Figure 23: SHOP Plan Field Validation Errors**

Table 22 describes potential validation error messages that display on the top of the Rating Scenario page for SHOP plans.

**Table 22: SHOP Plan Field Validation Error Messages**

| Error Message Reason                                     | Error Message Text                                    |
|--|---|
| User did not select a state                              | State: Important: This field is required.             |
| User enters an effective date prior to 1/1/16            | Effective Date: Important: Please enter a valid date. |
| User enters an effective date with fewer than 8 digits   | Effective Date: Important: This is not a valid date.  |
| User does not enter an effective date                    | Effective Date: Important: This field is required.    |
| User does not enter date of birth for primary subscriber | Date of Birth: Important: This field is required.     |
| User enters invalid date of birth for primary subscriber | Date of Birth: Important: This is not a valid date.   |
| User does not select gender for primary subscriber       | Gender: Important: This field is required.            |
| User enters incorrect zip code                           | Zip Code: Important: This field is required.          |
| User does not select a county                            | County: Important: This field is required.            |
| User does not enter date of birth for dependent          | Date of Birth: Important: This field is required.     |
| User enters invalid date of birth for dependent          | Date of Birth: Important: This is not a valid date.   |
| User does not select gender for dependent                | Gender: Important: This field is required.            |
| No plans are available                                   | No Plans Available for Input Criteria.                |

## 6.2 Support

Table 23 below provides a list of contacts.

**Table 23: Points of Contact**

| Contact                                | Organization | Phone                       | Email  | Role              | Responsibility                             |
|--|--------------|-----------------------------|--|-------------------|--|
| Exchange Operation Support Desk (XOSC) | CMS          | 855-CMS-1515 (855-267-1515) | <a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a> | Help desk support | 1st level user support & problem reporting |

## Appendix A: Plan Preview Module v. FF-SHOP Plan Compare

2016 Plan Preview allows you to preview both Individual Market and Small Group (SHOP) plans.

The Ratings Scenario page of Plan Preview includes a radio button that allows you to view either Individual Market or Small Group (SHOP) plans. The system displays Small Group (SHOP) plan rates and benefits using the same format and logic as the Individual Market. On SHOP preview pages, you must enter an employer zip code and county, and the CSR information and enrollee residence fields will be hidden.

SHOP plans shown on the Plan Details page in the Plan Preview module might not appear in exactly the same way when shown in FF-SHOP Plan Compare. The Plan Preview module only displays select copay or coinsurance values based on the mapping logic outlined in section 5.4.1. On the other hand, FF-SHOP Plan Compare displays the raw copay and coinsurance values that were entered into the Plans and Benefits template. Plan Preview displays a disclaimer regarding these differences on the Plan Details page for SHOP plans.

The images in the example below show how copay and coinsurance values display in FF-SHOP Plan Compare versus Plan Preview for Inpatient Hospital Services.

Figure 24 shows how Inpatient Hospital Services information displays in FF-SHOP Plan Compare.

|   | In Network (Tier 1) | In Network (Tier 2) | Out of Network |
|---|---------------------|---------------------|----------------|
| Inpatient Hospital Services (e.g., Hospital Stay) |                     |                     |                |
| Copay   | \$20                |                     | \$30           |
| Coinsurance                                       | 20%                 |                     | 30%            |

**Figure 24: Inpatient Hospital Services in FF-SHOP Plan Compare**

Figure 25 shows how Inpatient Hospital Services information displays in Plan Preview.

|  |  |
|--|--|
| Inpatient hospital services (like a hospital stay) | \$5 Copay per Stay/5% Coinsurance after deductible<br>In-Network Tier 1: \$5 Copay per Stay/5% Coinsurance after deductible<br>In-Network Tier 2: \$5 Copay per Stay/5% Coinsurance after deductible<br>Out-of-Network |
|--|--|

**Figure 25: Inpatient Hospital Services in Plan Preview**

Table 24 shows the differences in the fields that display on the Plan Detail pages of Plan Preview and FF-SHOP Plan Compare.

**Table 24: Plan Preview and FF-SHOP Plan Compare – Benefit Displays**

| <b>Benefit or Field</b>                                      | <b>Template</b>    | <b>Displays in SHOP Plan Preview?</b> | <b>Displays in the FF-SHOP Plan Compare?</b> |
|--|--------------------|---------------------------------------|--|
| Primary Care Visit to Treat an Injury or Illness             | Plans and Benefits | Yes                                   | Yes  |
| Specialist Visit   | Plans and Benefits | Yes                                   | Yes  |
| Other Practitioner Office Visit (Nurse, Physician Assistant) | Plans and Benefits | No                                    | No   |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)    | Plans and Benefits | Yes                                   | No   |
| Outpatient Surgery Physician/Surgical Services               | Plans and Benefits | Yes                                   | No   |
| Hospice Services   | Plans and Benefits | No                                    | No   |
| Non-Emergency Care When Traveling Outside the U.S.           | Plans and Benefits | No                                    | No   |
| Routine Dental Services (Adult)                              | Plans and Benefits | Yes                                   | Yes  |
| Infertility Treatment  | Plans and Benefits | Yes                                   | Yes  |
| Long-Term/Custodial Nursing Home Care                        | Plans and Benefits | No                                    | No   |
| Private-Duty Nursing   | Plans and Benefits | Yes                                   | Yes  |
| Routine Eye Exam (Adult)                                     | Plans and Benefits | Yes                                   | Yes  |
| Urgent Care Centers or Facilities                            | Plans and Benefits | No                                    | No   |
| Home Health Care Services                                    | Plans and Benefits | No                                    | No   |
| Emergency Room Services                                      | Plans and Benefits | Yes                                   | Yes  |
| Emergency Transportation/Ambulance                           | Plans and Benefits | No                                    | No   |
| Inpatient Hospital Services (e.g., Hospital Stay)            | Plans and Benefits | Yes                                   | Yes  |
| Inpatient Physician and Surgical Services                    | Plans and Benefits | Yes                                   | Yes  |
| Bariatric Surgery  | Plans and Benefits | Yes                                   | Yes  |
| Cosmetic Surgery   | Plans and Benefits | No                                    | No   |
| Skilled Nursing Facility                                     | Plans and Benefits | Yes                                   | Yes  |
| Prenatal and Postnatal Care                                  | Plans and Benefits | No                                    | No   |
| Delivery and All Inpatient Services for Maternity Care       | Plans and Benefits | No                                    | No   |
| Mental/Behavioral Health Outpatient Services                 | Plans and Benefits | Yes                                   | Yes  |
| Mental/Behavioral Health Inpatient Services                  | Plans and Benefits | Yes                                   | Yes  |
| Substance Abuse Disorder Outpatient Services                 | Plans and Benefits | No                                    | No   |

| <b>Benefit or Field</b>                         | <b>Template</b>    | <b>Displays in SHOP Plan Preview?</b> | <b>Displays in the FF-SHOP Plan Compare?</b> |
|---|--------------------|---------------------------------------|--|
| Substance Abuse Disorder Inpatient Services     | Plans and Benefits | No                                    | No   |
| Generic Drugs                                   | Plans and Benefits | Yes                                   | Yes  |
| Preferred Brand Drugs                           | Plans and Benefits | Yes                                   | Yes  |
| Non-Preferred Brand Drugs                       | Plans and Benefits | Yes                                   | Yes  |
| Specialty Drugs                                 | Plans and Benefits | Yes                                   | Yes  |
| Outpatient Rehabilitation Services              | Plans and Benefits | Yes                                   | Yes  |
| Habilitative Services                           | Plans and Benefits | Yes                                   | Yes  |
| Chiropractic Care                               | Plans and Benefits | Yes                                   | Yes  |
| Durable Medical Equipment                       | Plans and Benefits | No                                    | No   |
| Hearing Aids                                    | Plans and Benefits | Yes                                   | Yes  |
| Imaging (CT/PET Scans, MRIs)                    | Plans and Benefits | No                                    | No   |
| Preventive Care/Screening/Immunization          | Plans and Benefits | No                                    | No   |
| Routine Foot Care                               | Plans and Benefits | No                                    | No   |
| Acupuncture                                     | Plans and Benefits | Yes                                   | Yes  |
| Weight Loss Programs                            | Plans and Benefits | No                                    | No   |
| Routine Eye Exam for Children                   | Plans and Benefits | Yes                                   | Yes  |
| Eye Glasses for Children                        | Plans and Benefits | Yes                                   | Yes  |
| Dental Check-Up for Children                    | Plans and Benefits | Yes                                   | Yes  |
| Rehabilitative Speech Therapy                   | Plans and Benefits | No                                    | No   |
| Well Baby Visits and Care                       | Plans and Benefits | No                                    | No   |
| Laboratory Outpatient and Professional Services | Plans and Benefits | Yes                                   | Yes  |
| X-rays and Diagnostic Imaging                   | Plans and Benefits | Yes                                   | Yes  |
| Basic Dental Care - Child                       | Plans and Benefits | Yes                                   | Yes  |
| Orthodontia - Child                             | Plans and Benefits | Yes                                   | Yes  |
| Major Dental Care - Child                       | Plans and Benefits | Yes                                   | Yes  |
| Basic Dental Care - Adult                       | Plans and Benefits | Yes                                   | Yes  |
| Orthodontia - Adult                             | Plans and Benefits | Yes                                   | Yes  |
| Major Dental Care - Adult                       | Plans and Benefits | Yes                                   | Yes  |
| Transplant                                      | Plans and Benefits | No                                    | No   |
| Accidental Dental                               | Plans and Benefits | No                                    | No   |
| Dialysis  | Plans and Benefits | No                                    | No   |
| Allergy Testing                                 | Plans and Benefits | No                                    | No   |
| Chemotherapy                                    | Plans and Benefits | No                                    | No   |
| Radiation                                       | Plans and Benefits | No                                    | No   |
| Diabetes Education                              | Plans and Benefits | No                                    | No   |

| <b>Benefit or Field</b>  | <b>Template</b>    | <b>Displays in SHOP Plan Preview?</b> | <b>Displays in the FF-SHOP Plan Compare?</b>                           |
|--|--------------------|---------------------------------------|--|
| Prosthetic Devices   | Plans and Benefits | No                                    | No   |
| Infusion Therapy   | Plans and Benefits | No                                    | No   |
| Treatment for Temporomandibular Joint Disorders                  | Plans and Benefits | No                                    | No   |
| Nutritional Counseling   | Plans and Benefits | No                                    | No   |
| Reconstructive Surgery   | Plans and Benefits | No                                    | No   |
| Clinical Trials  | Plans and Benefits | No                                    | No   |
| Diabetes Care Management   | Plans and Benefits | No                                    | No   |
| Inherited Metabolic Disorder - PKU                               | Plans and Benefits | No                                    | No   |
| Off Label Prescription Drugs                                     | Plans and Benefits | No                                    | No   |
| Dental Anesthesia  | Plans and Benefits | No                                    | No   |
| Prescription Drugs Other   | Plans and Benefits | No                                    | No   |
| Congenital Anomaly, including Cleft Lip/Palate                   | Plans and Benefits | No                                    | No   |
| Early Intervention Services                                      | Plans and Benefits | No                                    | No   |
| Rehabilitative Occupational Therapy                              | Plans and Benefits | No                                    | No   |
| Rehabilitative Physical Therapy                                  | Plans and Benefits | No                                    | No   |
| Mental Health Other  | Plans and Benefits | No                                    | No   |
| Combined Medical and Drug EHB Deductible                         | Plans and Benefits | Yes                                   | Yes  |
| Drug EHB Deductible  | Plans and Benefits | Yes                                   | Yes  |
| Maximum Out of Pocket for Drug EHB Benefits                      | Plans and Benefits | Yes                                   | Yes  |
| Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)  | Plans and Benefits | Yes                                   | Yes  |
| Maximum Out of Pocket for Medical EHB Benefits                   | Plans and Benefits | Yes                                   | Yes  |
| Network URL  | Network            | Yes                                   | Yes  |
| Formulary URL  | Prescription Drug  | Yes                                   | Yes  |
| Issuer Marketing Name  | Administrative     | No (pulled from HIOS)                 | Yes (pulled from the Administrative template)                          |
| 3 Month In-Network Mail Order Pharmacy Benefit Offered?          | Prescription Drug  | Yes                                   | Yes  |
| Cost and Coverage Examples (Having a Baby and Managing Diabetes) | Plans and Benefits | Yes (Total cost displayed)            | Yes (Separate deductible, copay, coinsurance, limit amounts displayed) |
| Disease Management Programs                                      | Plans and Benefits | Yes                                   | Yes  |

Table 25 describes the rating and business logic differences between Plan Preview and FF-SHOP Plan Compare.

**Table 25: Plan Preview and FF-SHOP Plan Compare – Ratings and Business Logic**

| Item              | Individual   | SHOP  |
|-------------------|--|---|
| Family Tiers      | Allows family tier rating (SADP only)  | Does not allow family tier rating   |
| Quarterly Rates   | Rates set on annual basis  | Allows different quarterly rates  |
| Estimated Rates   | Allows estimated rates (SADP Only)   | Estimated rates are not allowed   |
| CSR Variants      | <ul style="list-style-type: none"> <li>• Exchange Variant (No CSR)</li> <li>• Zero Cost Sharing Plan Variation</li> <li>• Limited Cost Sharing Plan Variation</li> <li>• 73% AV Level Silver Plan CSR</li> <li>• 87% AV Level Silver Plan CSR</li> <li>• 94% AV Level Silver Plan CSR</li> </ul> | No CSR variants   |
| Address           | Service area based on primary subscriber address; Issuers may require dependents to reside with primary subscriber   | Only Employer address is used for all employees and dependents on the roster  |
| Domestic partners | As entered in the Rating Business Rules template   | Employer can choose if domestic partners are allowed on a plan (may choose same sex or opposite sex partners or both) |
| Tobacco Rates     | Based on number of months since last use (no cessation program exception)  | Tobacco rates will not be applied if a regular tobacco user chooses to participate in a tobacco cessation program     |
| Child-only plans  | Allows child-only plans  | Does not allow child-only plans   |

## Appendix B: Acronyms and Abbreviations

| Acronym /<br>Abbreviation | Literal Translation   |
|---------------------------|---|
| CMS                       | Centers for Medicare & Medicaid Services                    |
| ECP                       | Essential Community Providers                               |
| HHS                       | Department of Health and Human Services                     |
| HIOS                      | Health Insurance Oversight System                           |
| FFM                       | Federally Facilitated Marketplace                           |
| FF-SHOP                   | Federally Facilitated Small Business Health Options Program |
| NAIC                      | National Association of Insurance Commissioners             |
| NCQA                      | National Committee for Quality Assurance                    |
| QHP                       | Qualified Health Plans                                      |
| SERFF                     | System for Electronic Rate and Form Filing                  |
| SHOP                      | Small Business Health Options Program                       |
| RIDP                      | Remote Identity Proofing                                    |
| XOSC                      | Exchange Operation Support Desk                             |